outi_structure ATTACHMENT J-2

OUTI Field Name	ADP Manual Field Name	Notes
PROTXNBR	PROVIDER TAXPAYER NUMBER	
SUBID	PROVIDER SUB-IDENTIFIER	
TYPINST	TYPE OF INSTITUTION	
PROZIP15	PROVIDER ZIP CODE (first five digits)	
PROZIP69	PROVIDER ZIP CODE (last four digits)	
PROVNAME	PROVIDER NAME	Comes from Provider record.
STREET	PROVIDER STREET ADDRESS	Comes from Provider record.
CITY	PROVIDER CITY	Comes from Provider record.
STATE	PROVIDER STATE OR COUNTRY CODE	Comes nom Frovider record.
RECTYPE	RECORD TYPE	
CNTRNBR	FI/CONTRACTOR NUMBER	
PROGIND	PROGRAM INDICATOR	
SPONBRSV	SPONSOR BRANCH OF SERVICE	
ENROLLCD		
	ENROLLMENT STATUS	
TYPSUB	TYPE OF SUBMISSION	
SPC1	SPECIAL PROCESSING CODE (1of 3)	
SPC2	SPECIAL PROCESSING CODE (2 of 3)	
SPC3	SPECIAL PROCESSING CODE (3 of 3)	
PRINDIAG	PRINCIPAL TREATMENT DIAGNOSIS	
DXSEC1	SECONDARY TREATMENT DIAGNOSIS-1	
DXSEC2	SECONDARY TREATMENT DIAGNOSIS-2	
DXSEC3	SECONDARY TREATMENT DIAGNOSIS-3	
DXSEC4	SECONDARY TREATMENT DIAGNOSIS-4	
DXSEC5	SECONDARY TREATMENT DIAGNOSIS-5	
DXSEC6	SECONDARY TREATMENT DIAGNOSIS-6	
DXSEC7	SECONDARY TREATMENT DIAGNOSIS-7	
DXSEC8	SECONDARY TREATMENT DIAGNOSIS-8	
HSR	HEALTH SERVICES REGION CODE	Not in ADP manual, derived from Patient ZIP
ICBEGDT	BEGIN DATE OF CARE	
BEDDAYS	TOTAL BED DAYS	
ICN	INTERNAL CONTROL NUMBER (ICN)	
SUFFIX	HCSR SUFFIX	
PTCDT	DATE HCSR PROCESSED TO COMPLETION	
SPONSSAN	SPONSOR SOCIAL SECURITY NUMBER	
SPONPYGR	SPONSOR PAY GRADE	
SPONSTAT	SPONSOR STATUS	
PATREL	PATIENT RELATIONSHIP TO SPONSOR	
PATNAME	PATIENT NAME	
PATDOB	PATIENT DATE OF BIRTH	
DEERSSUF	DEERS DEPENDENT SUFFIX	
PATSEX	PATIENT SEX	
PATZIP15	PATIENT ZIP CODE (first five digits)	
PATZIP69	PATIENT ZIP CODE (last four digits)	
AMTBILL	AMOUNT BILLED	
AMTALL	AMOUNT ALLOWED	
AMTOHI	AMOUNT PAID BY OTHER HEALTH INSURANCE	
PNTCOINS	PATIENT COINSURANCE	
PNTCOPMT	PATIENT COPAYMENT	
ICDNBR	DIAGNOSIS EDITION IDENTIFIER	
SPRATECD	SPECIAL RATE CODE	
PROAFFCD	PROVIDER CONTRACT AFFILIATION CODE	
PATAGE	PATIENT AGE	Not in ADP manual, derived during processing
ADMDT	ADMISSION DATE	
ADMITCD	ADMISSION CODE	
ADMSOURC	SOURCE OF ADMISSION	
DISCHST	DISCHARGE STATUS	
ICENDDT	END DATE OF CARE	
ALLDAYS	GOVERNMENT AUTHORIZED BED DAYS	

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OUTI Field Name	ADP Manual Field Name	Notes
ADMDIAG	ADMISSION DIAGNOSIS	
OPNSPRIN	PRINCIPAL OPERATION/NONSURGICAL	
	PROCEDURE CODE	
OPNSSEC1	SECONDARY OPERATION/NONSURGICAL	
	PROCEDURE CODE-1	
OPNSSEC2	SECONDARY OPERATION/NONSURGICAL	
	PROCEDURE CODE-2	
OPNSSEC3	SECONDARY OPERATION/NONSURGICAL	
	PROCEDURE CODE-3	
OPNSSEC4	SECONDARY OPERATION/NONSURGICAL	
	PROCEDURE CODE-4	
OPNSSEC5	SECONDARY OPERATION/NONSURGICAL	
	PROCEDURE CODE-5	
DRG	DRG NUMBER	
DRGRPID	DRG GROUPER EDITION	
DRGPRCID	DRG PRICER EDITION	
DERIVDRG	DRG DERIVED CODE	Not in ADP manual, derived during processing
FLAG	SAMPLE IDENTIFIER	Not in ADP manual, assigned when selected for
		sample